



Facility Damage Assessment Tool for Disaster Reporting

Name/Title of Person Completing Assessment: _____

Description of Disaster: _____

Head Start Recipient: _____ Contact Person: _____

Address: _____

Head Start Director Name: _____

Cell Phone: _____ E-mail: _____ Office Phone: _____

Child/Staff Status

	#Enrolled/ Employed	# Present	# Injured	# Missing	# Released	Other
Children						
Staff						
Others						

Type of Program

Early Head Start Head Start Other

Please check if any of the following apply to your program:

State Funding Private Non-Profit Private For-Profit
 Tribal Program Public Non-Profit NAEYC-Accredited Program

	Funded enrollment:	Current # of children served post disaster:
Infants		
Toddlers		
Preschoolers		

Did you:

Evacuate the facility Shelter in place



Describe the damage if any that occurred to the roof, exterior, and interior of your facility. Is there water damage? Is your heating and air conditioning system functional? Is your facility open? What is your capacity to serve children? Status of staffing level.

Are you serving as a relief shelter? If Yes, what is your capacity to accommodate families, status of sanitary systems, food, drinking water supplies?

If your facility is not open, what factors most impact your ability to re-open?

- Utilities (electricity/water/sewer) Return of staff Repair of structural damage
- Financial assistance to replace lost or damaged materials in classrooms
- Families evacuated impacted area, have not returned, or are not returning children to care
- Other _____

What repairs, supplies or materials are needed immediately to continue or resume caring for children?

What is the status of your utilities? Is there phone service (landline, cell, none)? Do you have electricity (utility power, generator-based, none)? Do you have drinking water (public supply, well, bottled, none)? Do you have a sanitary system (functional toilets and sink, port-a-john, none)? What is your estimate of when utilities would be restored?



Repairs or Minor Renovations	Contents (Materials & Supplies)	Total
\$	\$	\$

Type of Insurance

Is the building insured to cover the cost of repairs? Yes No

Check all types of insurance coverage you have:

- Property Fire Flood (Structure)
 Flood (Contents) Earthquake None

What approximate payment is expected from the insurer? _____

Funding Applications

Have you completed/submitted a disaster application with FEMA? Yes No

Have you submitted/will you submit a revised standard form (SF)-424 to regional OHS? Yes No

Have you completed/submitted a disaster application with other agencies, such as Small Business Administration (please specify)? Yes No

Adapted from the Emergency Plan Library (UCSF California Childcare Health Program and the California Department of Education, 2016) and from the Child Care Resource Center, Emergency Preparedness Toolkit for Child Care Programs, and Texas Department of Family and Protective Services and Collaborative for Children, Child Care Initial Rapid Damage Assessment

